UNITED STATES BANKRUPTCY COURT **EASTERN DISTRICT OF MICHIGAN**

CORRECTED COVER SHEET FOR AMENDMENTS

| Case N | Name: | Hassan Hojaije | | Case No.: | 19-42176-tjt |
|---|--|---|--|---------------------------------------|--|
| DESCR | RIBE INFO | RMATION BEING AME | NDED BY CHECKING APPLICABL | E BOX(ES) BE | LOW: |
| Sur Sta Sch V | ☐ Name ☐ Signate mmary of tement or nedules a Schedule Schedule List of Cr ☐ Add of debt - \$3 | Your Assets and Liab f Financial Affairs nd List of Creditors: A/B C Debtor 2 Sche editors Schedule D creditor(s), provide addre 1 Fee Required, or nge address of a creditor C G C H C G C J C Debtor 2 Sche C G C G C G C G C G C G C G C G C G C G | Order Directing the Filing of Official Foilities and Certain Statistical Information | nation Creditors, chan | ge amount or classification of |
| 200000000000000000000000000000000000000 | | ils of Amendment(s): | ons or additions to the List of Cred Amend Schedule A/B and C to remo refunds. Amend Schedule I to updat is included for comparison purpose | ove reference to te that Debtor is | |
| Date April 2 ⇒ | be relied contained , 2019 AFFIRM the attack | d upon by the Clerk of ed in the documents at Signatu /s/ Micha ATION OF DEBTOR(S) ched schedules, lists, s lge, information and be | re lel Benkstein : I declare under penalty of perjury statements, etc., and that they are elief. | rate summary o | of the information ad this cover sheet and |
| Date April 2 | , 2019 | Signatu /s/ Hassa | re ın Hojaije | | |

CORRECTIONS TO THE LIST OF CREDITORS

Use this section to make corrections to the name(s) and address(es) of any creditor(s) listed on the current schedules and List of Creditors.

| PREVIOUS NAME/ADDRESS OF CREDITOR: | PLEASE CHANGE TO: -NONE- | |
|--|---|--|
| | | |
| ADDITIONS TO | THE LIST OF CREDITORS | |
| Use this section to identify creditors added to the se | chedules and List of Creditors. | |
| NAME OF CREDITOR: | | |
| ADDRESS: | | |
| | | |
| NAME OF CREDITOR: | | |
| ADDRESS: | | |
| | | |
| NAME OF ODERSTOR | | |
| NAME OF CREDITOR: | | |
| ADDRESS: | | |
| | | |
| FOR ADDITIONAL CORRECTIONS/A | DDITIONS, COPY THIS SHEET AND CONTINUE. | |

| | mation to identify your | case and this filing: | | |
|------------------------------|---|---|---|--|
| Debtor 1 | Hassan Hojaije First Name | Middle Name | Last Name | |
| Debtor 2 | First Name | Maria da Maria | | |
| (Spouse, if filing) | | Middle Name | Last Name | |
| United States Ba | nkruptcy Court for the: | EASTERN DISTRICT OF | MICHIGAN | |
| Case number | 19-42176-tjt | | | Check if this is an |
| | | | · | amended filing |
| صورة: ما التام | 10CA/D | | | |
| | rm 106A/B | • | | |
| | e A/B: Prop | | | 12/15 |
| think it fits best. Be | e as complete and accura e space is needed, attach | te as possible. If two married | ice. If an asset fits in more than one category, list to people are filing together, both are equally respond. On the top of any additional pages, write your name. | sible for supplying correct |
| Part 1: Describe | Each Residence, Building | , Land, or Other Real Estate | You Own or Have an Interest In | |
| 1. Do you own or h | ave any legal or equitabl | e interest in any residence, b | uilding, land, or similar property? | |
| No. Go to Part | t 2. | | | |
| Yes. Where is | • | | | |
| Part 2: Describe | Your Vehicles | | | |
| | | | | |
| | | | cles, whether they are registered or not? Incl e G: Executory Contracts and Unexpired Leases | |
| 3. Cars, vans, tru | ucks, tractors, sport ut | ility vehicles, motorcycles | s | |
| ■ No | | | | |
| ☐ Yes | | | | |
| | | | | |
| | | | Il vehicles, other vehicles, and accessories els, snowmobiles, motorcycle accessories | |
| ■ No | | | | |
| ☐ Yes | | | | |
| | | | | |
| 5 Add the dollar | r value of the portion y | ou own for all of your ent | ries from Part 2, including any entries for | *** |
| pages you have | ve attached for Part 2. | Write that number here | => | . \$0.00 |
| Part 3: Describe Y | Your Personal and House | ehold Items | | |
| Do you own or h | ave any legal or equita | able interest in any of the | following items? | Current value of the |
| | | | | portion you own? Do not deduct secured |
| 6. Household go | ods and furnishings | | | claims or exemptions. |
| <i>Examples:</i> Maj □ No | or appliances, furniture, | linens, china, kitchenware | | |
| Yes. Descri | ibe | | | |
| | Househole | d Goods | | \$1,000.00 |
| | | | | Ψ1,000.00 |
| 7. Electronics | | | | |
| | | io, video, stereo, and digita eras, media players, games | l equipment; computers, printers, scanners; mus | sic collections; electronic devices |
| □ No | | | | |

Official Form 106A/B

Schedule A/B: Property

page 1

| Dε | ebtor 1 | Hassan Hoj | aije | Case number (if known) | 19-42176-tjt |
|------|----------------------|--|--|------------------------------|---|
| | Yes. | Describe | | | |
| | | | (1) Cellphone | | \$200.00 |
| | Example No | | f figurines; paintings, prints, or other artwork; books, pictures, or othe ions, memorabilia, collectibles | er art objects; stamp, coin, | or baseball card collections; |
| 9. 1 | Equipme Example | ent for sports a es: Sports, photo musical instr | ographic, exercise, and other hobby equipment; bicycles, pool tables, | , golf clubs, skis; canoes a | and kayaks; carpentry tools; |
| 10. | Firearn Examp | | s, shotguns, ammunition, and related equipment | | |
| | □ No ˙ | | othes, furs, leather coats, designer wear, shoes, accessories | | |
| | | | Clothing | | \$1,000.00 |
| | □ No | Describe | welry, costume jewelry, engagement rings, wedding rings, heirloom j | eweiry, watches, gems, g | oia, silver |
| | | | (1) Watch | | \$1,200.00 |
| ı | <i>Examp</i> ■ No | rm animals les: Dogs, cats, Describe | birds, horses | | |
| ı | No. | ner personal an Give specific inf | d household items you did not already list, including any health ormation | aids you did not list | |
| 15. | Add ti for Pa | he dollar value irt 3. Write that | of all of your entries from Part 3, including any entries for pages number here | s you have attached | \$3,400.00 |
| | | scribe Your Finan | | | |
| Do | you ow | n or have any l | egal or equitable interest in any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| [| □ No | | nave in your wallet, in your home, in a safe deposit box, and on hand | when you file your petitio | n |
| | | | | Cash | \$10.00 |
| | | | | | |

| De | ebtor 1 | Hassan Hoja | ije | | | Case number (if known) | 19-42176-tjt |
|-----|--------------------------|---|----------------------|--|--|--------------------------------|-------------------------------|
| | | | | | | | |
| 17. | Examp | | | | ounts; certificates of deposit; shares i with the same institution, list each. | in credit unions, brokerage h | nouses, and other similar |
| | □ No ■ Yes | | | | Institution name: | | |
| | | | | Direct Deposit | | | |
| | | | 17.1. | Account | Bank of America | | \$5.00 |
| | | | | | | | |
| 18. | Bonds, Examp ■ No | mutual funds, o les: Bond funds, | or public investm | cly traded stocks ent accounts with bro | okerage firms, money market accoun | nts | |
| | | | | Institution or issuer r | name: | | |
| | Non-pu joint ve | | ock and | interests in incorpo | orated and unincorporated busines | sses, including an interes | t in an LLC, partnership, and |
| | | Give specific info | ormation | about them | | | |
| | | | | me of entity: | | % of ownership: | |
| | Negotia Non-ne | ble instruments | include p | personal checks, cast | tiable and non-negotiable instrum hiers' checks, promissory notes, and nsfer to someone by signing or delive | d money orders. | |
| | ■ No | Sive specific info | rmation : | ahout them | | | |
| | | one apodino inio | | uer name: | | | |
| | | ent or pension les: Interests in II | | | 03(b), thrift savings accounts, or othe | er pension or profit-sharing į | plans |
| | , | ist each account | t separat | ely. | | | |
| | | | | of account: | Institution name: | | |
| | Your sh Exampl | | d deposit | s you have made so | that you may continue service or use public utilities (electric, gas, water), te | | ies, or others |
| | ■ No □ Yes | *************************************** | | | Institution name or individual: | | |
| | | | r a perio | dic navment of mone | y to you, either for life or for a numbe | er of vears) | |
| | ■ No | 70 (1 1 00 mm dot 10 m | a pono | are payment or mone, | y to you, entire for the or for a number | , or years) | |
| | ☐ Yes | lss | uer nam | e and description. | | | |
| | 26 U.S.C | in an educatio . §§ 530(b)(1), 5 | n IRA, ir 29A(b), | n an account in a quand 529(b)(1). | ualified ABLE program, or under a | qualified state tuition pro- | gram. |
| | ■ No □ Yes | Ins | titution r | ame and description | . Separately file the records of any in | nterests.11 U.S.C. § 521(c): | |
| | | equitable or fut | ure inte | ests in property (ot | ther than anything listed in line 1), | and rights or powers exe | rcisable for your benefit |
| | ■ No □ Yes (| Give specific info | rmation | ahout them | | | |
| | | | | | d other intellectual accorder | | |
| | | | | | d other intellectual property ds from royalties and licensing agreei | ments | |
| | ☐ Yes. (| Give specific info | rmation | about them | | | |
| | License Example No | s, franchises, a es: Building pern | nd other | r general intangible: usive licenses, coope | s erative association holdings, liquor lic | censes, professional license | es |
| | | Give specific info | rmation | about them | | | |
| Μo | ney or p | roperty owed to | you? | | | | Current value of the |

Official Form 106A/B Schedule A/B: Property page 3
Software Copyright (1994217651). LLDOCC 22 See. Filed 04/04/19 Entered 04/04/19 16:49:16 Page 5 0ffet 3 See Bankruptcy

| Debtor 1 | Hassan Hojaije | Case number (if known) | 19-42176-tjt |
|---------------------------|---|--|--|
| | • | | portion you own? Do not deduct secured claims or exemptions. |
| | funds owed to you | | |
| ■ No □ Yes. | Give specific information about them, including whether you already | filed the returns and the tax years | |
| | | | |
| Exam | r support ples: Past due or lump sum alimony, spousal support, child support, i | maintenance, divorce settlement, property | settlement |
| ∐ Yes. | Give specific information | | |
| . Other Exam | amounts someone owes you ples: Unpaid wages, disability insurance payments, disability benefits benefits; unpaid loans you made to someone else | s, sick pay, vacation pay, workers' comper | sation, Social Security |
| ☐ Yes. | Give specific information | | |
| | sts in insurance policies | | |
| Exam _i ■ No | ples: Health, disability, or life insurance; health savings account (HSA | A); credit, homeowner's, or renter's insuran | ce |
| | Name the insurance company of each policy and list its value. Company name: | Beneficiary: | Surrender or refund value: |
| If you somed | terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insura one has died. | ance policy, or are currently entitled to rece | ive property because |
| ■ No □ Yes. | Give specific information | | |
| Exam _j No | s against third parties, whether or not you have filed a lawsuit or ples: Accidents, employment disputes, insurance claims, or rights to some describe each claim | | |
| Other | contingent and unliquidated claims of every nature, including co | ounterclaims of the debtor and rights to | set off claims |
| ■ No | gard and anniquisation significant of every material missioning of | or all doctor and rights to | |
| ☐ Yes. | Describe each claim | | |
| Any fir No | nancial assets you did not already list | | |
| ☐ Yes. | Give specific information | | |
| | the dollar value of all of your entries from Part 4, including any e art 4. Write that number here | | \$15.00 |
| rt 5: De | escribe Any Business-Related Property You Own or Have an Interest In. Li | ist any real estate in Part 1. | |
| | own or have any legal or equitable interest in any business-related prope | rty? | |
| | o to Part 6. Go to line 38. | | |
| FCS. (| SO to title so. | | |
| | escribe Any Farm- and Commercial Fishing-Related Property You Own or you own or have an interest in farmland, list it in Part 1. | Have an Interest In. | |
| | own or have any legal or equitable interest in any farm- or com Go to Part 7. | mercial fishing-related property? | |
| | s. Go to line 47. | | |
| ficial For | m 1064/B Schedule 4/R: Prope | artv | nac |

| 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership | f | | |
|---|----------------|----------|--------|
| ■ No | | | |
| ☐ Yes. Give specific information | | | |
| 54. Add the dollar value of all of your entries from Part 7. Write that | at number here | | \$0.00 |
| Part 8: List the Totals of Each Part of this Form | | W-2 4444 | |
| 55. Part 1: Total real estate, line 2 | | | \$0.00 |
| 56. Part 2: Total vehicles, line 5 | \$0.00 | | |
| 57. Part 3: Total personal and household items, line 15 | \$3,400.00 | | |
| 58. Part 4: Total financial assets, line 36 | \$15.00 | | |
| 59. Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. Part 7: Total other property not listed, line 54 + | \$0.00 | | |
| | | | |

| Fill in this infor | mation to identify your | case: | | | | | |
|---|-------------------------|--------------------|------------|---|--|--|--|
| Debtor 1 | Hassan Hojaije | | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States Bankruptcy Court for the: | | EASTERN DISTRICT C | F MICHIGAN | *************************************** | | | |
| Case number (if known) | 19-42176-tjt | | | | | | |

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | it 1: Identify the Property You Claim as I | Exempt | | | |
|----|---|--------------------------------------|---------|---|------------------------------------|
| 1. | Which set of exemptions are you claiming | ? Check one only, eve | n if yo | ur spouse is filing with you. | |
| | ☐ You are claiming state and federal nonbar | nkruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | |
| | You are claiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | empt, | fill in the information below. | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | Household Goods Line from Schedule A/B: 6.1 | \$1,000.00 | | \$1,000.00 | 11 U.S.C. § 522(d)(3) |
| | Line IIOIII Schedule PAB. 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | (1) Cellphone Line from Schedule A/B: 7.1 | \$200.00 | | \$200.00 | 11 U.S.C. § 522(d)(3) |
| | Line from Schedule AVB: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Clothing Line from Schedule A/B: 11.1 | \$1,000.00 | | \$1,000.00 | 11 U.S.C. § 522(d)(3) |
| | Line nom Schedule A/B. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | (1) Watch Line from Schedule A/B: 12.1 | \$1,200.00 | | \$1,200.00 | 11 U.S.C. § 522(d)(4) |
| | Line Will Schedule Add. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Cash Line from Schedule A/B: 16.1 | \$10.00 | | \$10.00 | 11 U.S.C. § 522(d)(5) |
| | Line from Schedule AVD. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |

| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption |
|----|---|---|-----------------------------------|---|------------------------------------|
| | | Copy the value from Check only one box for ea | | eck only one box for each exemption. | |
| | Direct Deposit Account: Bank of America | \$5.00 | | \$5.00 | 11 U.S.C. § 522(d)(5) |
| | Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every | | | led on or after the date of adjustme | nt.) |
| | ■ No | | | · | • |
| | Yes. Did you acquire the property cover | ed by the exemption wi | thin 1 | ,215 days before you filed this case | ? |
| | □ No □ Ves | | | | |

| | in this information to identify your c | ase: | (A) | | | | | | |
|---|--|--|--|-------------|--------------|---------------------|------------------------|--|-------|
| Deb | otor 1 Hassan Hoja | aije | 30.5000 | | _ | | | | |
| | otor 2 use, if filing) | | | | | | | | |
| Unit | ted States Bankruptcy Court for the | : EASTERN DISTRICT | OF MICHIGAN | | | | | | |
| Cas (If kn | se number <u>19-42176-tjt</u> own) | | - | | | | d filing ent showin | ng postpetition cha | apter |
| Of | fficial Form 106I | | | | | | | ollowing date: | |
| | chedule I: Your Inc | ome | | | | MM / DD/ Y | YYY | | 12/15 |
| spoi attac | olying correct information. If you use. If you are separated and you in a separate sheet to this form. Describe Employment | r spouse is not filing wi | th you, do not include | de infor | mation | about your spo | use. If me | ore space is nee | ded, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 | or non-fi | iling spouse | |
| | If you have more than one job, | Employment status | ☐ Employed | | | | ☐ Employed | | |
| | attach a separate page with information about additional | Employment status | Not employed | | | ☐ Not er | mployed | | |
| employers. | | Occupation | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | | | | | | | |
| | | Employer's address | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | | | | | | | | |
| | Occupation may include student | How long employed the | here? | | | | | | _ |
| Pari | Occupation may include student or homemaker, if it applies. | How long employed th | here? | | | | | | _ |
| | Occupation may include student or homemaker, if it applies. | How long employed that | | eport for | any line | e, write \$0 in the | space. Inc | clude your non-fili | ng |
| E sti n spou f you | Occupation may include student or homemaker, if it applies. Give Details About Mornate monthly income as of the details and the details are softed the details and the details are softed the details are sof | How long employed that the state of the stat | you have nothing to re | | · | | • | · | - |
| E sti n spou f you | Occupation may include student or homemaker, if it applies. Give Details About Mornate monthly income as of the dise unless you are separated. | How long employed that the state of the stat | you have nothing to re | | employe | | n on the li For De | · | - |
| E sti n spou f you | Occupation may include student or homemaker, if it applies. Give Details About Mornate monthly income as of the dise unless you are separated. | How long employed the strip in the strip income attention and the strip in the stri | you have nothing to re embine the information | | employe | ers for that perso | n on the li For De | ines below. If you | - |
| E sti r spou f you nore | Occupation may include student or homemaker, if it applies. Give Details About Mornate monthly income as of the dise unless you are separated. For your non-filing spouse have most space, attach a separate sheet to be be considered. | How long employed that the state you file this form. If you this form. If you this form. Try, and commissions (becalculate what the month) | you have nothing to re embine the information | n for all e | employe F | ers for that perso | For De | nes below. If you btor 2 or ing spouse | - |

| Dei | | nassan nojarje | | Case numb | er (if known) | 19-42176 | -tjt | |
|--------------|-----------------|---|------------|--------------|---------------------|--------------|--|------|
| | | | | For Debt | or 1 | For Debt | | |
| | Cop | y line 4 here | 4. | \$ | 0.00 | \$ | N/A | |
| 5. | List | all payroll deductions: | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.00 | \$ | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | N/A | |
| | 5d. 5e. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | N/A | |
| | 5f. | Insurance Domestic support obligations | 5e. 5f. | \$ \$ | 0.00 | \$ | N/A | |
| | 5g. | Union dues | 5g. | \$ \$ | 0.00 | \$ | N/A N/A | |
| | 5h. | Other deductions. Specify: | 5h.+ | · | | + \$ | N/A | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 0.00 | \$ | N/A | |
| 7. | Calc | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0.00 | \$ | N/A | |
| 8. | List a | All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | • | | | | | |
| | 8b. | monthly net income. Interest and dividends | 8a. | \$ | 0.00 | \$ | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent | 8b. | \$ | 0.00 | \$ | N/A | |
| | 8d. | regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation | 8c. 8d. | \$ | 0.00 | \$ | N/A N/A | |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$ | N/A | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0.00 | \$ | N/A | |
| | 8g. | Pension or retirement income | - 8g. | \$ | 0.00 | \$ | N/A | |
| | 8h. | Other monthly income. Specify: | 8h.+ | \$ | | + \$ | N/A | |
| €. | Adda | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | N/A | |
| 10. | | ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$_ | 0 | .00 + \$_ | N/A | <u> </u> | 0.00 |
| J 1 . | Includ other | all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your of friends or relatives. In our annual stready included in lines 2-10 or amounts that are not a fy: | depend | - | | ed in Schedu | tle J. +\$ | 0.00 |
| 12. | Add t | the amount in the last column of line 10 to the amount in line 11. The results | ılt is the | e combined | monthly in | come. | | |
| | applie | that amount on the Summary of Schedules and Statistical Summary of Certaines | ı Liabili | ities and Re | iated <i>Data</i> , | if it | | 0.00 |
| 3. | Do yo | ou expect an increase or decrease within the year after you file this form? No. | | | | | Combined monthly in | come |
| | | Yes. Explain: | | | | | | |
| | | | | | | | ······································ | |

| Fill | in this information to identify your case: | | | | | |
|----------------|--|---|----------------------------|--|--|--|
| Deb | otor 1 Hassan Hojaije | | Che | ck if this is: | | |
| | | | | An amended filing | | |
| | ouse, if filing) | | | A supplement show 13 expenses as of | ving postpetition chapter the following date: | |
| Unit | ted States Bankruptcy Court for the: EASTERN DISTRICT OF MICH | MM / DD / YYYY | | | | |
| ļ | e number | | | | | |
| Of | fficial Form 106J | | | | | |
| Sc | chedule J: Your Expenses | | | | 12/15 | |
| Be a | as complete and accurate as possible. If two married people prmation. If more space is needed, attach another sheet to thin the higher (if known). Answer every question. | are filing together, bo is form. On the top of | oth are equ any additio | ally responsible fo onal pages, write y | r supplying correct our name and case | |
| Pari 1. | Describe Your Household Is this a joint case? | | | | | |
| | No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household? | | | | | |
| | ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expens</i> : | es for Separate House | <i>hold</i> of Deb | tor 2. | | |
| 2. | Do you have dependents? ■ No | | | | | |
| | Do not list Debtor 1 and | Dependent's relation Debtor 1 or Debtor | 2 | Dependent's age | Does dependent live with you? | |
| | Do not state the dependents names. | | | | □ No | |
| | dependents names. | | | | ☐ Yes ☐ No | |
| | | | | | ☐ Yes | |
| | | | | | □ No | |
| | | | | | □Yes | |
| | | | | | □ No | |
| _ | | | | - | ☐ Yes | |
| 3. | Do your expenses include expenses of people other than yourself and your dependents? | | | | | |
| Estine expe | Estimate Your Ongoing Monthly Expenses mate your expenses as of your bankruptcy filing date unless enses as of a date after the bankruptcy is filed. If this is a suplicable date. | you are using this fo | rm as a su J, check th | pplement in a Chap e box at the top of | oter 13 case to report the form and fill in the | |
| the v | ude expenses paid for with non-cash government assistance value of such assistance and have included it on <i>Schedule I:</i> icial Form 106I.) | e if you know Your Income | | Your expe | nses | |
| 4. | The rental or home ownership expenses for your residence. payments and any rent for the ground or lot. | . Include first mortgage | 4. \$ | | 0.00 | |
| | If not included in line 4: | | | | | |
| | 4a. Real estate taxes | | 4a. \$ | | 0.00 | |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. \$ | *************************************** | 0.00 | |
| | 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues | | 4c. \$ | | 0.00 | |
| | 4d. Homeowner's association or condominium dues Additional mortgage payments for your residence, such as h | nome equity loans | 4d. \$ 5. \$ | | 0.00 | |
| - - | manager in original payments for your residence, Such as () | ionic equity loads | ວ. ວ | | 0.00 | |

| Debtor | ¹ Hassar | ı Hojaije | Case nur | mber (if known) | 19-42176-tjt |
|----------------|-----------------------------|--|---|------------------------------|------------------------------|
| 6. Ut | tilities: | | | | |
| o. Ot | | y, heat, natural gas | 60 | . \$ | 2.22 |
| 6b | | ewer, garbage collection | | . Ф . \$ | 0.00 |
| 60 | | ne, cell phone, Internet, satellite, and cable services | | | 0.00 |
| 6d | | pecify: Cellphone | | . \$ | 0.00 |
| ou | | | | . \$ | 110.00 |
| 7. Fc | | Satellite sekeeping supplies | | \$ | 75.00 |
| | | · - · · · | 7 | | 300.00 |
| | | children's education costs | 8. | | 0.00 |
| | | dry, and dry cleaning | 9. | | 0.00 |
| | | products and services | 10. | | 100.00 |
| | | ental expenses | 11. | . \$ | 50.00 |
| 2. Ir. | ansportation | n. Include gas, maintenance, bus or train fare. car payments. | 12 | . \$ | 390.00 |
| | | car payments. , clubs, recreation, newspapers, magazines, and books | | . \$. \$ | |
| | | tributions and religious donations | | | 100.00 |
| | surance. | tributions and religious donations | 14. | . \$ | 0.00 |
| | | insurance deducted from your pay or included in lines 4 or 20. | | | |
| | ia. Life insur | | 15a. | \$ | 0.00 |
| | b. Health in | | 15b. | | |
| | ic. Vehicle in | | 15c. | | 0.00 |
| | | urance. Specify: | | | 160.00 |
| | | nclude taxes deducted from your pay or included in lines 4 or 20. | 15d. | · Þ | 0.00 |
| Sp | ecify: | | 16. | \$ | 0.00 |
| | | lease payments: | | _ | |
| | | nents for Vehicle 1 | 17a. | | 300.00 |
| | | nents for Vehicle 2 | 17b. | · | 0.00 |
| | c. Other, Sp | - | 17c. | | 0.00 |
| | d. Other. Sp | | 17d. | \$ | 0.00 |
| 8. Yo | our payments | s of alimony, maintenance, and support that you did not report as | 40 | Φ. | 0.00 |
| de | ducted from | your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | | 0.00 |
| | | s you make to support others who do not live with you. | | \$ | 0.00 |
| | ecify: | | 19. | | |
| U. UEI | ner real prop | perty expenses not included in lines 4 or 5 of this form or on <i>Sche</i> is on other property | | | |
| | a. Mortgage b. Real esta | · · · | 20a. | | 0.00 |
| | | | 20b. | | 0.00 |
| | | homeowner's, or renter's insurance | 20c. | | 0.00 |
| | | nce, repair, and upkeep expenses | 20d. | | 0.00 |
| | | ner's association or condominium dues | 20e. | | 0.00 |
| i. Oti | her: Specify: | Cigarrettes | 21. | +\$ | 75.00 |
| 2. Ca | lculate vour | monthly expenses | | | |
| 228 | a. Add lines 4 | through 21. | | s | 1,660.00 |
| | | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | 1,000.00 |
| | | | | | |
| 22(| o. Aud IIIIE 22 | a and 22b. The result is your monthly expenses. | | \$ | 1,660.00 |
| 3. Ca l | lculate your | monthly net income. | | | |
| 238 | a. Copy line | 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 0.00 |
| 23b | b. Copy you | r monthly expenses from line 22c above. | 23b. | | 1,660.00 |
| | | | | | 1,000.00 |
| 230 | c. Subtractly | our monthly expenses from your monthly income. | | | |
| | The result | t is your monthly net income. | 23c. | \$ | -1,660.00 |
| For | example, do y | an increase or decrease in your expenses within the year after yo ou expect to finish paying for your car loan within the year or do you expect your terms of your mortgage? | u file this mortgage | s form? payment to increa | ase or decrease because of a |
| | No. | | | | |
| | Yes. | Explain here: | *************************************** | | |
| | | | | | |